

HIGH SPEED CONNECTION (Comcast Form)

(Please type or print neatly)

This form must be completed by the administrator of the community center to receive installation of a single high-speed cable modem, a customized web-browser, and high speed Internet access through Comcast cable services.

Organization _____

Address _____

City _____ State _____ Zip _____

ADMINISTRATOR:

Name: _____

E-mail address _____

Phone # _____ Fax # _____

INFORMATION SYSTEMS (IS) CONTACT:

Individual responsible for technical communication between community center and Comcast

Name: _____

E-mail address _____

Phone # _____ Fax # _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- **PC processor:**
- **Minimum - Pentium. *Recommended 166 MHz.***
- **Operating system PC: Windows 95, Windows 98, or NT *with at least service pack 3.***
- **Can not be put on an NT Server**
- **Does the computer have at least 125 mg of available disk space? _____ Yes _____ No**
- **Physical RAM (Random Access Memory) Minimum - at least 16MB. *Recommended: 32MB.***
- **How much RAM _____ MB?**
- **Network Connection Device - USB/ ISA, PCI**

- **You need an available IRQ & original Operating System software, or Recovery CD. For both MAC and Windows.**

- **Macintosh PC Processor (601,603,603e,G3)**
- **Minimum - Power Processor 601**
- ***Recommended 32MB RAM.***
- **Macintosh Operating system: Minimum - 7.6.1**
Recommended: 7.6.1. Or higher.
- **Physical Ram Minimum: 24MB - *Recommended 32MB.***
- **How much RAM do you have _____ MB?**
- **Free uncompressed HD space: 50MB - *Recommended 50MB.***
- **Open Slot for Network Card, or a built-in Macintosh NIC Card.**
- **Preferred Login and e-mail name: _____ Second Choice: _____**
- **Personal Access Code to verify caller when calling in for service: _____**
- **Password: _____ (needs to be between 6 and 16 characters)**

PLEASE COMPLETE THE FOLLOWING QUESTIONS SO WE CAN KEEP YOU “IN THE KNOW” WHEN WE LAUNCH NEW PRODUCTS IN YOUR DISTRICT:

1. What type of computers do you currently use? _____
2. How many computers are currently at this location? _____
3. What are the Internet/Intranet rollout plans for this location? _____

4. Is this center currently on a LAN (Local Area Network)? __Yes __No
If yes, what is the LAN technology? _____
5. Does this center have an existing WAN? __Yes __No
If yes, what is currently hooked up to the WAN _____
6. Are the walls of this center wired? __Yes __No
7. What is this center’s network operating system? (i.e. Novell, Windows NT, etc.)

THIS FORM WAS COMPLETED BY:

Name: _____

E-mail address _____

Phone # _____ Fax # _____

**IF YOU ARE APPLYING FOR SERVICE THROUGH THE CITY OF SEATTLE:
Fax this and the City of Seattle Request & Authorization Form to 684-0911
or mail to City of Seattle Department of Information Technology
Suite 2700 Key Tower, 700 Fifth Avenue, Seattle WA 98104-5065**

If you have questions about the forms or the City’s Access for All free cable modem service project, contact Derrick Hall at derrick.hall@seattle.gov or 233-5061. For Comcast questions call – Connie Rivera at 206-694-7013

FOR INTERNAL USE ONLY

To be completed by Comcast system personnel

Node Information : _____

Associated Node Identification Number: _____ Node Released? ? Yes ? No

If not released, anticipated date to be activated: _____

System Information:

System Name: _____

Address: _____ City: _____
_____ State: _____ Zip: _____ System Manager: _____
_____ Primary System Contact (other than

System Manager):

Person Who Made This Contact : _____